PATIENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

10/073838

GLAIMS AS FILED - PART I				(Column 2)			SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS							RATE	FEE	1	RATE	FEE
FOR		NUMBER	FILED	NUMB	ER EXTRA		BASIC FEE	370.00	OR	basic fee	740.00
TOTAL CHARGEABLE CLAIMS		minus 20=		• .			X\$ 9=		OR	X\$18=	
INDEPENDENT C		inus 3 =				X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT							+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	370	OR	TOTAL	
CLAIMS AS AMENDED - PART II							•			OTHER	
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MENDMEND COMENDED TO THE COME COME COME COME COME COME COME COM	REMAINING ATTER		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	t U	Minus	** 8	90	·		X\$ 9=		OR	X\$18=	
	NTATION OF MI	Minus	***	3	•		X42=		OR	X84=	
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8010	(Column 1)		(Colur	nn 21	(Column 3)						
7	CLAIMS		HIGH	EST		1		ADDI-	1		ADOL
Total Total Tridependent	REMAINING AFTER		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
Z Total	• 6	Minus	-2	0	2		X\$ 9=		OR	X\$18=	
Independent	NTATION OF MU	Minus	ENDENT	Z ZI AIM	/ <u>-</u>		X42=		OR	X84=	•
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ui allaili	a (*)						TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
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	AFTER MAMENDMENT:		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
Total Independent	• 6	Minus	->-	0	-		X\$ 9-		OR	X\$189	
Independent	• 2	Minus	***	لبيخ	•/	Ì	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /									\mathbb{Z}		
* If the entry in colu	rnn 1 is less than th	e entry in colu	ma 2. write	*0° to cot	/ amn 3.	l	+140=		OR	+280=	
"If the Stignest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE	
The Highest Num	iber Previously Pak					r fou	nd in the app	ropriate box	in cot	umn 1.	l
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